



STATE OF ARIZONA
DEPARTMENT OF JUVENILE CORRECTIONS
NOTICE OF REQUEST FOR QUOTATION



SOLICITATION NUMBER: J05034
SOLICITATION DUE DATE/TIME: October 12, 2004, 5:00 PM MST
SUBMITTAL LOCATION: Arizona Department of Juvenile Corrections*
Procurement Office
1624 W. Adams, 1st Floor
Phoenix, Arizona 85007-2631
DESCRIPTION: Business Cards

In accordance with A.R.S. § 41-2535, written quotations for materials or services specified will be received by the Arizona Department of Juvenile Corrections (Department), at the above specified location, until the time and date cited.

Quotations must be in the actual possession of the Department's Procurement Office on or prior to the exact time and date indicated above. Late quotations will not be considered, except as provided in the Arizona Procurement Code.

The terms and conditions included herein should be reviewed and understood before preparing a quotation. Please reference the name of the Solicitation Contact Person and RFQ number on the outside of the return envelope.

Solicitation Contact Person:

Dave Novak, CPPB
Name

(602) 542-6677
Phone

September 28, 2004
Date

***AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER**



OFFER AND ACCEPTANCE

Arizona Department of Juvenile Corrections
Procurement Office
1624 W. Adams
Phoenix, Arizona 85007-2631

SOLICITATION NO.: J05034

OFFER

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation.

Arizona Transaction (Sales) Privilege

For Clarification of this Offer contact:

Tax License No.: _____

Name: _____

Federal Employee Identification

Phone: _____

No: _____

FAX: _____

E-Mail: _____

Company Name _____

Signature of Person Authorized to Sign Offer _____

Address _____

Printed Name _____

City _____ State _____ Zip _____

Title _____

OFFER ACCEPTANCE AND CONTRACT AWARD (For State of Arizona use only)

Your Offer to provide Business Cards is hereby accepted.

The Contractor is now bound to perform based upon the Solicitation and the Contractor's Offer as accepted by the State. The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this Contract until Contractor receives an executed purchase order or Contract release document or written notice to proceed if applicable.

This Contract shall henceforth be referred to as Contract No.: _____

Line Items Awarded: _____

State of Arizona

Awarded this _____ day of _____, 2004

Purchasing Manager

INSTRUCTIONS TO OFFERORS AND TERMS AND CONDITIONS

SOLICITATION NO.: J05034

1. **SUBMISSION:** Quotations shall be signed where applicable and received as designated on the cover page of this document, no later than as indicated.
2. **OPENING:** This is an informal quotation which will not be read at a public opening; however, the information may be publicly reviewed after an award.
3. **STANDARD PROVISIONS:** The State's Uniform Terms and Conditions (dated 4/04) and the Department's Special Terms and Conditions are a part of this document as if fully set forth herein. Copies of this document are available upon request.
4. **TAXES:** The State of Arizona is exempt from federal excise tax, but is subject to all applicable State and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect taxes from the buyer does not relieve the seller from its obligation to remit taxes.
5. **OFFER REJECTION:** The State reserves the right to waive any immaterial defect or informality; reject any and all Offers or portions thereof; or cancel a Solicitation.
6. **OFFER ACCEPTANCE PERIOD:** An Offeror submitting a quote in response to this Solicitation shall hold its Offer open for sixty (60) days from the due date stated in this Solicitation.
7. **AWARD OF CONTRACT:** Where applicable, the State reserves the right to make multiple awards or to award a Contract by individual line items or alternatives, by group of line items or alternatives, or to make an aggregate award, whichever is deemed most advantageous to the State. If the Procurement Officer determines that an aggregate award to one Offeror is not in the State's best interest, "all or none" Offers shall be rejected.
8. **ERASURES:** Erasures, interlineations, or other modifications must be initialed by the individual signing the Request for Quotation.
9. **UNIT PRICE:** Where applicable, in case of discrepancy between the unit price or rate and the extension of that unit price or rate, the unit price or rate shall govern.
10. **PAYMENT:** The State will make every effort to process payment for the purchase of goods or service within thirty (30) calendar days after receipt of goods or services and a correct invoice of amount due, unless a good faith dispute exists as to any obligation to pay all or a portion of the account. Any Offer that requires payment in less than thirty (30) calendar days shall not be considered.
11. **PAYMENT DISCOUNT:** Payment discount periods will be computed from the date of receipt of materials or services or correct invoice, whichever is later, to the date Department's warrant is mailed. Unless freight and other charges are itemized, any discount provided will be taken on full amount of invoice. Payment discounts of thirty (30) calendar days or more will be deducted from the bid price in determining the low bid. However, the Department shall be entitled to take advantage of any payment discount offered, provided payment is made within the discount period.
12. **ARIZONA PROCUREMENT CODE:** The Arizona Procurement Code (A.R.S. Title 41, Chapter 23) and its Rules and Regulations (A.A.C. Title 2, Chapter 7), are made a part of this document as if fully set forth herein. Note: A.R.S. Title 41, Chapter 23 is available at most public libraries; A.A.C. Title 2, Chapter 7 may be purchased from the Arizona Secretary of State; and both are available for review at the Arizona State Procurement Office.
13. **INDEMNIFICATION:** The Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the

INSTRUCTIONS TO OFFERORS AND TERMS AND CONDITIONS

SOLICITATION NO.: J05034

Indemnitee, be indemnified by the Contractor from and against any and all claims. It is agreed that the Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona. (This indemnification clause shall not apply if the Contractor or subcontractor(s) is/are an agency, board, commission of university of the State of Arizona.)

14. **OFFSHORE PERFORMANCE OF WORK PROHIBITED:** Due to security and identity protection concerns, all services under this Contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision applies to work performed by subcontractors at all tiers.
15. **AMERICANS WITH DISABILITIES ACT:** People with disabilities may request special accommodations such as interpreters, alternative formats, or assistance with physical accessibility; requests for special accommodations must be made with 72 hours prior notice. A person requiring special accommodations may contact the Solicitation Contact Person identified on the first page of this Solicitation.
16. **SMALL BUSINESS SET ASIDE:** In accordance with A.R.S. § 41-2535, and A.A.C. R2-7-335, this purchase is restricted to small businesses. A small business is one that, including its affiliates, is independently owned and operated, is not dominate in the type of business it conducts, and which employs fewer than 100 full-time employees or which had gross receipts of less than \$4 million in its last fiscal year. By submitting a quote in response to this Solicitation, an Offeror certifies that it is a small business as defined above.
17. **SOLICITATION AMENDMENTS:** The Fax On Demand system is unable to determine what Offerors will be bidding on this solicitation; therefore, prior to Offerors submitting their quote, the Offeror should call the Contract Officer to determine if there are any amendments to this Fax On Demand solicitation.
21. **CONTRABAND:** As defined by A.R.S. § 13-2501, "contraband" means any dangerous drug, narcotic drug, intoxicating liquor of any kind, deadly weapon, dangerous instrument, explosive or any other article whose use or possession would endanger the safety, security, or preservation of order in a correctional institution or any person therein. (Any other article includes any substance which could cause abnormal behavior, i.e. marijuana, non-prescription medication, etc.) Any person who takes into or out of, or attempts to take into or out of, a correctional facility or the grounds belonging to or adjacent to a correctional facility, any item not specifically authorized by the correctional facility shall be prosecuted under the provisions of the A.R.S. § 13-2514, et. seq. All persons, including employees and visitors, entering upon these confines are subject to routine searches of their person, vehicles, property or packages.
22. **CONTRACT EXTENSION.** The Contract shall not bind nor purport to bind, the Department for any contractual commitment in excess of the original contract period. At the sole option of the Department and by uni-lateral written Contract amendment, this Contract may be extended, in whole or in part, for 4 twelve month periods or portions thereof. Contract extension may be based upon such factors as quality of service, cost, vendor deficiencies, etc. provided during the previous contract cycle. Any request for a price adjustment for an extension period shall comply with paragraph 13 of these Terms and Conditions. This Contract is not subject to automatic renewal.
23. **CONTRACTOR'S RESPONSIBILITY.** The Contractor shall provide workmanship and materials that conform to local, state and federal codes, rules and good practice in the trade. The Contractor shall comply with all federal, state and local laws, ordinances, rules and regulations applicable to the performance of this Contract and the work hereunder, and shall comply with applicable laws and regulations governing safety, health and sanitation.
24. **SHIPPING - FOB STATEWIDE.** Prices shall be F.O.B. destination, delivered to the specified receiving point as required by the Department at the time of order. The Contractor shall retain title and control of all goods until they are delivered, received and the Contract of coverage has been completed. All risk of transportation and all related charges shall be the responsibility of the Contractor. All claims for visible and concealed damage shall be filed by the Contractor. The Department will notify the Contractor promptly of any damaged goods and shall assist the Contractor in arranging for inspection.
25. **PRICE ADJUSTMENT.** The Department agrees to grant a fully documented request for a price increase only after the Contract has been in effect for 365 days and only once per contract extension thereafter, should the contract be extended. The requested increase shall be based upon a cost increase to the Contractor that was clearly unforeseeable at the time

INSTRUCTIONS TO OFFERORS AND TERMS AND CONDITIONS

SOLICITATION NO.: J05034

of the Offer, was not within the control and discretion of the contractor, and has been shown to directly affect the price of the services provided. The amount of any requested Contractor cost increase shall be offset by the amount of any Contractor cost decrease. The Department's Procurement Office will determine, through competitive market review, trade publications, independent price indices, availability of funds, and/or other means, whether the requested price increase was clearly unforeseeable to the Contractor at the time of the Offer, was not within the control and discretion of the Contractor, and directly affects the price of the service concerned. All requested price increases shall be subject to paragraph 4.4 of the Uniform Terms and Conditions, page 3 of 7. The Contractor shall likewise offer any published price reduction to the State concurrent with its announcement to other customers. Advanced 60 day written notification by the Contractor to the Department's Procurement Office is required for any request for price increases. All price increases will be effective on the first day of the month following approval or acceptance by the Department's Procurement Office. A price reduction adjustment may be offered at any time during the term of a Contract and shall become effective upon notice.

26. RETURN POLICY - FOR REASONS OTHER THAN FAULT OR ERROR OF THE CONTRACTOR. In the event ordered and delivered items are returned to the supplier due solely to management decision by the ordering agency and not due to any fault or error by the supplier, the supplier shall be entitled to payment for restocking at the companies' standard policy fee, not to exceed 20%, of the invoiced costs of the returned items plus the cost of transportation from the supplier to the ordering agency. The transportation charges shall not exceed the least expensive rate by common carrier for the category and weight of the items returned. In addition, the freight costs for the return of the items plus any cost necessary to insure receipt of the returned items by the supplier shall be paid by the ordering agency. Items returned under this provision must be shipped back to the supplier by the ordering agency not later than 30 calendar days after initial receipt of the items from the supplier and must be returned unused in the original packaging including any instruction manuals or other materials accompanying the initial shipment.

PRICE SHEET

SOLICITATION NO.: J05034

CONTRACT NO.:

Item	Description of Material, Service or Construction	Quantity	Unit	Unit Price
001	<p>Business Card, box of 500, Star White Vicksburg, 120# index paper</p> <p>It is desired that the awarded contract vendor will provide a website with a template for personnel to be able to prepare their business cards, prior to ordering. The Department utilizes Internet Explorer browser.</p> <p>The Department has recently redesigned our business card and we anticipate a large volume of orders initially. Throughout the year approximately 50 -100 boxes are purchased.</p> <p>Offeror is to provide sample of their business card for evaluation.</p> <p>To view the sample business card, go to the following link:</p> <p>http://www.azdjic.gov/Offices/Procurement/BusCardInfo.pdf.</p> <p>PRICE SHALL INCLUDE ALL DELIVERY CHARGES.</p> <p>Deliveries will be required throughout the State.</p> <p>_____ % ARIZONA SALES TAX, STATE, COUNTY, AND CITY*</p>	1	BOX	\$ _____

- Delivery shall be made _____ calendar days after receipt of order.
- Payment Terms: _____
- By submitting a quote in response to this Solicitation, and in accordance with the small business description on page 3, paragraph 15, I certify that _____ (company name) meets the small business requirements.

Signature

Date

- By submitting a quote in response to this Solicitation, and in accordance with the small business description on page 3, paragraph 15 and Executive Order 2003-09, I certify that _____ (company name) is a ☐ Women-Owned ☐ Minority-Owned business (51% of the organization is controlled by a recognized Woman or minority group(s). If minority owned business, identify minority:

Signature

Date

*Notice: If applicable taxes are not described and itemized on the quote, the State will assume that the price(s) offered includes all applicable taxes.

PROGRAM ADMINISTRATION SECTION

SOLICITATION NO: J05034

CONTRACT NO.:

1. In the absence of the principal authorized signatory named page 1, the following individual is authorized to sign this Contract and any amendments:

Name and Title	E-Mail Address
----------------	----------------

2. The Department shall address all notices relative to this Contract to the attention of:

Name and Title	E-Mail Address
----------------	----------------

Address	Phone Number	Fax Number
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3. The Department shall send payment to the Contractor at the following address:

Address	City	State	Zip Code
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FOR DEPARTMENT USE ONLY

1. The Contractor shall address all notices relative to this Contract to the attention of:

Dave Novak, CPPB, Purchasing Manager	DNovak@azdjc.gov
Name and Title	E-Mail Address

1624 W. Adams Street, Phoenix, AZ 85007-2631	(602) 542-6677	(602) 542-4992
Address	Phone Number	Fax Number

2. The term of the Contract shall begin on the date identified in the Notice to Proceed and terminate one year later.

Start Date: _____ End Date: _____ Extension Option: 4, 1 year terms or portions thereof

3. The Contractor shall address all programmatic and financial reports required in the Contract to:

Same as Item 1	
Name and Title	E-Mail Address

Address	Phone Number	Fax Number
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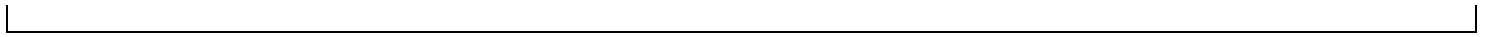
ATTACHMENT A: STATE OF ARIZONA SUBSTITUTE W-9 FORM

SOLICITATION NO: J05034

Pursuant to page 3, paragraph 4.3.4, of the Uniform Terms and Conditions, in order to receive payment under any resulting Contract, the Contractor shall have a current State of Arizona Substitute W-9 Form on file with the State of Arizona.

Attached is the W-9 that should be completed and returned with your offer. Failure to submit the form with your offer, may result in a delay of payment should a Contract be awarded pursuant to this Solicitation.

DO NOT SEND TO IRS	STATE OF ARIZONA SUBSTITUTE W-9 FORM REQUEST FOR TAXPAYER INFORMATION AND CERTIFICATION	DO NOT SEND TO IRS						
*****LEGIBLY PRINT OR TYPE REQUIRED INFORMATION*****								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-weight: bold;">Part I</td> <td style="font-weight: bold;">Taxpayer Identification Number (TIN)</td> </tr> </table> <p>Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). If you are a resident alien OR a sole proprietor OR do not have a number, see the instructions on page 2.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Social Security Number (SSN)</p> <div style="display: flex; align-items: center;"> 2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 0 </div> </div> <div style="width: 45%;"> <p style="text-align: center;">Employer Identification Number (EIN)</p> <div style="display: flex; align-items: center;"> 1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> 0 </div> </div> </div> <p>Name (is using SSN) or Business Name (if using EIN) – as reported with Social Security Administration or IRS</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>DBA, Business, Subsidiary, Trade Name, Other (circle one)</p> <hr/> </div> <div style="width: 45%;"> <p style="font-weight: bold;">Remittance Address</p> <p>(if different from main address)</p> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State and ZIP code</p> <hr/> </div> </div> <p>Main Address (where tax information and general correspondence is to be mailed)</p> <hr/> <p>City, State, and ZIP code</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Contact Name</p> <hr/> <p>Telephone number</p> <hr/> <p>() ()</p> </div> <div style="width: 45%;"> <p>Fax number</p> <hr/> <p>() ()</p> </div> </div>				Part I	Taxpayer Identification Number (TIN)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-weight: bold;">Part II</td> <td style="font-weight: bold;">For Payees Exempt From Backup Withholding (See instructions on page 2)</td> </tr> </table>	Part II	For Payees Exempt From Backup Withholding (See instructions on page 2)
Part I	Taxpayer Identification Number (TIN)							
Part II	For Payees Exempt From Backup Withholding (See instructions on page 2)							
<p>Check the appropriate box:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> (5) Business (check one of the following)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> (1)(E) State Employee</p> <p><input type="checkbox"/> (2)(G) Federal Agency</p> <p><input type="checkbox"/> (3)(G) Arizona State Agency</p> <p><input type="checkbox"/> (4)(G) Other Governmental Agency</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> (A) Arizona Corp.-including Non-Profit</p> <p><input type="checkbox"/> (C) PC, PLLC, or LLC</p> <p><input type="checkbox"/> (F) Financial Institution</p> <p><input type="checkbox"/> (H) Benefits Provider</p> <p><input type="checkbox"/> (M) Medical Corp.</p> <p><input type="checkbox"/> (O) Out of State Corp.-including Non-Profit</p> <p><input type="checkbox"/> (P) Professional Assoc.</p> <p><input type="checkbox"/> (S) Sole Owner (using EIN)</p> <p><input type="checkbox"/> (T) Partnership, LLP, or LTD</p> <p><input type="checkbox"/> (U) Public Utility Co.</p> </div> </div> </div> <div style="width: 45%;"> <p><input type="checkbox"/> (6) Individual (check one of the following)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> (I) U.S. Citizen/Permanent Resident</p> <p><input type="checkbox"/> (S) Sole Owner of a Business (using SSN)</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> (7) Other (Non-corporate including, but not limited to conferences, trust funds, receiverships)</p> <p>--PLEASE BRIEFLY DESCRIBE</p> <hr/> </div> </div> <p><input type="checkbox"/> (8)(B) Board Member</p> </div> </div>								
<p>Minority Business Indicator: (check one of the following that best describes your business)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> 01 – Small Business</p> <p><input type="checkbox"/> 02 – Minority Owner Business</p> <p><input type="checkbox"/> 03 – Woman Owner Business</p> <p><input type="checkbox"/> 05 – Small Business/Minority Owner</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> 06 – Small Business/Woman Owner</p> <p><input type="checkbox"/> 07 – Small Business/Disabled Owner</p> <p><input type="checkbox"/> 08 – Minority Woman Owner Business</p> <p><input type="checkbox"/> 09 – Disabled Minority Owner Business</p> <p><input type="checkbox"/> 10 – Disabled Woman Owner Business</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> 11 – Small Business/Minority Woman Owner</p> <p><input type="checkbox"/> 12 – Small Business/Disabled Minority Owner</p> <p><input type="checkbox"/> 13 – Small Business/Disabled Minority Woman Owner</p> <p><input type="checkbox"/> 00 – None of these apply</p> </div> </div>								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-weight: bold;">Part III</td> <td style="font-weight: bold;">Certification</td> </tr> </table> <p>Under penalties of perjury, I certify that:</p> <p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), AND</p> <p>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND</p> <p>3. I am a U.S. person (including a U.S. resident alien).</p> <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See instructions on page 2.)</p>				Part III	Certification			
Part III	Certification							
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Sign Here ?</p> <hr/> </div> <div style="width: 45%;"> <p>Date ?</p> <hr/> </div> </div>								
RETURN THIS FORM AND REPORT ANY CHANGES IN THE ABOVE INFORMATION TO THE STATE AGENCY THAT YOU DO BUSINESS WITH								
FOR STATE AGENCY USE ONLY								
DO NOT WRITE BELOW THIS LINE								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>VENDOR #</p> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> <div style="width: 45%;"> <p>MC(s)</p> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> </div> <p>(main address)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NEW VENDOR</p> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> <div style="width: 45%;"> <p>TIN CHANGE</p> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> </div> <p>NAME CHANGE</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>AGY</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div> <div style="width: 45%;"> <p>AGENCY CONTACT</p> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> </div> </div> <p>AGENCY CONTACT PHONE # () EXT</p>								
APPROVED BY (PRINT)		(SIGNATURE)						
Date		Date						



SUBSTITUTE W-9 INSTRUCTION SHEET

Purpose of form. The State of Arizona is required to file information returns with the IRS and provide correct taxpayer identification numbers (TINs) to report taxable income paid.

THE STATE WILL ISSUE FORM 1099-MISC BY JANUARY 31ST OF THE YEAR AFTER THE YEAR TAXABLE PAYMENTS OF \$600 OR MORE ARE RECEIVED. FOR MORE INFORMATION CONTACT THE STATE AGENCY FOR WHICH YOU PERFORM SERVICES FOR.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You **must** provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payor. Certain penalties may also apply.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payment under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, non-employee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding. If you give the requestor your correct TIN, make the proper certifications, **and** report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding.

Payments **you** receive **will be subject to backup withholding if:**

1. You do not furnish your TIN to the requestor, **or**
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details.) **or**
3. The IRS tells the requester that you furnished an incorrect TIN, **or**
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), **or**
5. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part III instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information.

Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Name and Number To Give the Requester

For this type of account	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ⁹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ¹
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ⁹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ⁹
5. Sole proprietorship	The owner ²
For this type of account	Give name and EIN of:
6. Sole Proprietorship	The owner ²
7. A valid trust, estate, or pension trust	Legal entity ³
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Dept. of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments.	The public entity

⁹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

¹Circle the minor's name and furnish the minor's SSN.

²You must show your individual name, but you may also enter your business or "doing business as" name. You may use either your SSN or EIN (if you have one).

³List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name.

Use Substitute Form W-9 if you are a U.S. person (including a <u>resident</u> alien), to give your correct TIN to the requester and, when applicable to:	Other entities. Enter your business name as shown on the required Federal tax documents. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or "doing business as" name on the business name line.	If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "exempt" in Part II, sign and date the form. If you are a nonresident alien or a foreign entity exempt from backup withholding, see page 1 for a list of appropriate form(s) to submit.
1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).		
2. Certify you are not subject to backup withholding, or		
3. Claim exemption from backup withholding if you are an exempt payee.	Part I – Taxpayer Identification Number (TIN) You <u>must</u> enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.	Part II-Certification For a joint account, only the person with the TIN in Part I should sign (when required).
If you are a foreign person , IRS requires you use the appropriate form(s) as follows, instead of Form W-9:		1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
1. Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding.	IF you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.	2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
2. Form W-8ECI, Certificate of Foreign Person's Claim For Exemption From Withholding on Income Effectively Connected With the Conduct of a Trade or Business in the United States.	Note: See the chart on this page for further Clarification of name and TIN combinations.	3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
3. Form W-8EXP, Certificate of Foreign Government or Other Foreign Organization for the United States Tax Withholding.	How to get a TIN. IF you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov .	4. Other payments. You must give your correct TIN , but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a non-employee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
4. Form W-8IMY, Certificate of Foreign Intermediary, Foreign Partnership, or Certain U.S. Branches for United States Tax Withholding.		
5. Form 8233, Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual.		
Note: If a requester gives you a form other than Form W-9 or W-8 to request your TIN, you must use the requester's form if it is substantially similar to the IRS form.	If you do not have a TIN , write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester. Other payments are subject to backup withholding.	5. Mortgage interest paid by you, acquisition or abandonment or secure property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.
Specific Instructions		
Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.	Part II-For Payees Exempt from Backup Withholding Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.	
If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.		
Sole proprietor. You must enter your individual name as shown on your social security card. You may enter your business trade, or "doing business as" name on the business name line.		